

Grand Island Central School District

Student-Athlete & Parent/Legal Guardian Concussion & Sudden Cardiac Arrest Statement

(If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.)

Student-Athlete Name: _____

(This form must be completed for each student-athlete, even if there are multiple student-athletes in a household.)

Parent/Legal Custodian Name(s): _____

- We have read the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.**
- We have read the Sudden Cardiac Arrest Information Sheet.**

After reading the information sheet, I am aware of the following information:

Student Initials		Parent Initials
	A concussion is a brain injury, which should be reported to my parent/legal guardian, coach, teacher, school nurse, or athletic trainer where there is one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and perform in the classroom.	
	A concussion cannot be 'seen.' Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will/my child will tell the coach, certified athletic trainer, school nurse, and/or a medical professional, if I have hit my head or am experiencing any concussion related symptoms from any injury that has occurred at any time (during school related activities or recreational activities held outside of school).	N/A
	If I think a teammate has a concussion, I should tell my coach, parent/guardian, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from my physician and the district physician for them to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I understand that the Emergency Room/Urgent Care physician's clearance will not be accepted by the district. The student must be seen by their private medical doctor or a concussion specialist.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	I understand that the student will undergo a return to play protocol administered by the athletic trainer, and it must be signed off by the district physician in order for the student to return to activity.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____